Revision	on: HCFA-PM-95-4 JUNE 1995	(HSQB)	ATTACHMENT 4.35-B
	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT		
	State	WASHINGTON	
ELIGIBILITY CONDITIONS AND REQUIREMENTS			
Enforcement of Compliance for Nursing Facilities			
Fermination of Provider Agreement : Describe the criteria (as required at §1919 (h) (2) (A)) for applying he remedy.			
X	Specified Remedy		
Will use the criteria and notice requirements specified in the regulation.)			

N# 95-12 Approval Date: 11/21/95 Effective Date: 7/1/95

TN# 95-12 Supersedes TN# -----

Chapter 18.51 RCW